

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42596

JAN 1 2 1935

1. PLACE OF DEATH

County Greene Registration District No. 319
Township Springfield Mo. Primary Registration District No. 70th
City Springfield Mo. No. 923 W. Pacific St. Springfield Ward 10th

2. FULL NAME

(a) Residence, No. 923 W. Pacific St., Springfield Ward 10th
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Analist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

13. NAME Daniel McCreary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lillie Dawney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Lillie McCreary
923 W. Pacific

18. BURIAL, REMOVAL, OR REMOVAL PLACE Greenlaw's DATE Dec. 7 - 1934

19. UNDERTAKER (ADDRESS) Wm. J. Mudgett
Springfield Mo.

20. FILED 12-1-34 1934 Springfield Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 8 - 2 - 1934, to 12 - 5 - 1934

I last saw her alive on 12 - 4 - 1934. Death is said

to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Pneumonia Date of onset 10/7/34

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) W. J. Mudgett, M. D.

(Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1946